

## MILITARY VACCINE AGENCY

DASG-HCA  
3 March 2006

SUBJECT: Immunization Recommendations for Disaster Recovery Operations

1. PURPOSE. To provide immunization recommendations for Department of Defense (DoD) personnel supporting recovery operations after hurricanes or other natural disasters.

2. GOAL. DoD personnel supporting recovery operations will ensure their routine adult immunizations are up-to-date. Nonetheless, the risk of a vaccine-preventable infection is not great enough to delay urgent assignment pending immunization.

### 3. IMMUNIZATION RECOMMENDATIONS FOR RECOVERY WORKERS.

a. Tetanus-diphtheria. Tetanus-diphtheria (Td) toxoids or tetanus-diphtheria-acellular pertussis (Tdap, if available) is recommended for people who have not received a booster dose within the past 10 years. Consistent with Centers for Disease Control & Prevention (CDC) wound-management guidelines, anyone who develops a puncture wound or has a wound contaminated with dirt, feces, soil, or saliva needs a Td booster if the most recent dose was more than 5 years earlier.

b. Hepatitis B. People who started the hepatitis B vaccine series need to complete the three-dose series. If another dose is needed per the schedule (typically 0-1-6 months), give it now. Hepatitis B immunization is needed by people with potential contact with blood and body fluids (e.g., medical workers, mortuary-affairs personnel).

c. Hepatitis A. All military personnel need hepatitis A immunity due to their military service. Personnel who have not completed the two-dose immunization series should complete the 0-6 month schedule.

d. Rabies. Veterinarians and people involved in animal-control efforts should assess the localized risk of rabies exposure and consider their need for prophylaxis.

e. Influenza. When seasonal influenza vaccine becomes available locally, immunize healthcare personnel who provide direct patient care and people with risks based on medical conditions or age 65 years or older.

f. Other Infections. Typhoid immunization is not required in the US after natural disasters for several reasons. *Salmonella typhi* bacteria are not found in the environment, and the incidence rates of chronic asymptomatic carriers and acute cases of typhoid fever are very low throughout the US. No cholera vaccine licensed by the Food & Drug Administration is available in the US. The risk of cholera infection in the Gulf Coast area is very low. No vaccine against *Vibrio vulnificus* is available.

g. Immunization Documentation. Document all troop immunizations electronically. Army: CD-ROMs with Remote Information Data Entry System (RIDES) are available. Updates posted at [www.vaccines.mil](http://www.vaccines.mil)

h. Logistics: The standard source for needed vaccines will typically be Prime Vendor or a local pharmaceutical wholesaler.

i. CDC recommendations for civilian responders:  
[www.bt.cdc.gov/disasters/hurricanes/pdf/katrina-responder-immun.pdf](http://www.bt.cdc.gov/disasters/hurricanes/pdf/katrina-responder-immun.pdf).

#### 4. IMMUNIZATION SUPPORT FOR DISPLACED PEOPLE.

a. No immunizations are typically recommended solely based on being displaced. In crowded group settings, single doses of hepatitis A vaccine and influenza vaccine are appropriate: [www.bt.cdc.gov/disasters/hurricanes/katrina/vaccinecdisplaced.asp](http://www.bt.cdc.gov/disasters/hurricanes/katrina/vaccinecdisplaced.asp).

b. If called on to provide routine immunization services, follow CDC guidelines. In brief, these CDC recommendations call for assuming that childhood immunizations were given on time, with administration now of age-appropriate doses.

c. Authority for DoD personnel to immunize displaced people or civilian recovery workers (i.e., non-beneficiaries) would come from the Federal Emergency Management Agency (FEMA).

#### 5. GENERAL PREVENTIVE MEDICINE CONSIDERATIONS.

a. Food and Water. Observe proper food and water discipline to avoid infections that cannot be prevented by immunization. Use food, water, and ice only from approved sources. Practice good sanitation and use alcohol-based hand-hygiene products. For details, see <http://chppm-www.apgea.army.mil/news/HurricaneKatrina.aspx>.

b. Injuries. Take care to avoid heat injuries and physical injuries. If wounded, assess tetanus prophylaxis status.

#### 6. SELECTED REFERENCES.

a. ACIP. Diphtheria, tetanus, and pertussis: Recommendations for vaccine use and other preventive measures. *MMWR* 1991;40(RR-10):1-28.  
[aepo-xdv-www.epo.cdc.gov/wonder/prevguid/m0041645/m0041645.asp](http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/m0041645/m0041645.asp)

b. ACIP. Typhoid immunization. *MMWR* 1994;43(RR-14):1-7.  
[ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4314.pdf](http://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4314.pdf)

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